

UNIFORM SUPPORT PETITION

Petitioner ☐ IV-D Non Public Assistance
☐ IV-D Non PA Medicaid
☐ Full Services
☐ Medical Services Only

Respondent ☐ IV-D Public Assistance
☐ IV-E Foster Care (IV-D Case)
☐ Non IV-D

File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Docket No. _____ Initiating Docket No. _____

I. Action

The Respondent and/or the Respondent's property is subject to the jurisdiction of the responding tribunal.
The Respondent owes a duty of support to the following children:

Full Name (First, Middle, Last)	Date of Birth	Social Security No.
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The Petitioner files this Petition to request:

- ☐ Establishment of a Paternity
- ☐ Establishment of Order for:
- | | |
|--|---|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Medical Coverage |
| <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Reasonable Attorney Fees, Other Fees and Costs |
| <input type="checkbox"/> Support for a Prior Period; From: _____ To: _____ | |
| <input type="checkbox"/> Paternity Testing Costs in the Amount of \$ _____ | |
- ☐ Modification of a Support Order
- ☐ Other Remedy Sought: _____

II. Grounds Supporting the Remedy Sought in Section (when applicable)

- ☐ Respondent is the noncustodial parent of the children named in this Petition.
- ☐ A modification is appropriate due to a change in circumstances.
- ☐ Grounds for other remedy sought:

III. Additional Supporting Information

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

- | | |
|---|---|
| <input type="checkbox"/> Petitioner's General Testimony | <input type="checkbox"/> Affidavit in Support of Establishing Paternity |
| <input type="checkbox"/> Acknowledgment of Paternity | <input type="checkbox"/> Birth Certificate of the Child |
| <input type="checkbox"/> Other: _____ | |

IV. Verification

- ☐ Under penalties of perjury, all information and facts stated in this Petition are true to the best of my knowledge and belief.

Date_____
Signature of Petitioner_____
IV-D Representative/Title_____
Sworn to and Signed Before
Me This Date, County/State_____
Notary Public, Court/Agency Official and Title_____
Commission Expires_____
Date_____
Signature of Petitioner's Attorney / Bar Number (if applicable)